

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/19020481 FILING DATE

APPLICANT(S)

2117706 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2			1			
3				1		
4					1	
5			1			
6				1		
7						1
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			9			
TOTAL CLAIMS			11			

TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				